

MICHIGAN DEPARTMENT OF AGRICULTURE
LABORATORY DIVISION – WEIGHTS AND MEASURES
P.O. Box 30017, Lansing, Michigan 48909

REGISTRATION

BIENNIAL FEE

AGENCY: \$300.00

PERSON: \$100.00

**APPLICATION FOR SERVICEPERSON
AND SERVICE AGENCY REGISTRATION**

(In accordance with P.A. 283 of 1964, as amended, Michigan Weights and Measures Act)

DEPT. USE ONLY	
Registration No. (ID)	Expiration Date
Certificate No.	

PLEASE TYPE OR PRINT LEGIBLY

NOTE: IF YOU ARE A SOLE SERVICEPERSON AGENCY FILL OUT BOTH SECTIONS.					
AGENCY (SEE NOTE ABOVE)			SERVICEPERSON (SEE NOTE ABOVE)		
AGENCY NAME		TELEPHONE ()	NAME		TELEPHONE ()
MAILING STREET ADDRESS		FAX ()	MAILING STREET ADDRESS		FAX ()
CITY	STATE	ZIP	CITY	STATE	ZIP
CONTACT NAME		EMAIL ADDRESS		EMAIL ADDRESS	

APPLYING FOR:
(PLEASE CHECK ONE)

☐ **CWMA Registration** (see CWMA requirements)
☐ **New – Serviceperson**
☐ **New – Service Agency**
☐ **Renewal – Serviceperson** MI Registration No. _____
☐ **Renewal – Service Agency** MI Registration No. _____

1) Have you ever been registered as a Serviceperson in another state? ☐ Yes ☐ No

If yes, specify state(s) _____

2) If yes, was your registration ever suspended or revoked? ☐ Yes ☐ No3) Have you been convicted of any felony? ☐ Yes ☐ No**If you answered yes to #2 or #3 above, please explain fully in writing and return with this application.**Please check the category(s) for which you are applying. **NOTE:** Successful completion of NIST Handbook 44 Training and the P.A. 283 exam are mandatory for all applicants.

- | | | |
|--|---|---|
| <input type="checkbox"/> (A) Agri. Chemical/Mass Flow Meters | <input type="checkbox"/> (E) Medium Capacity Scales (500 to 5,000 lb) | <input type="checkbox"/> (I) Vehicle and Axle-Load Scales |
| <input type="checkbox"/> (B) Belt Conveyor Scales | <input type="checkbox"/> (F) Railroad Track Scales | <input type="checkbox"/> (J) Vehicle Tank Meters (Other than LPG) |
| <input type="checkbox"/> (C) Livestock & Animal Scales | <input type="checkbox"/> (G) Retail Computing Scales | <input type="checkbox"/> (K) Loading Rack Meters |
| <input type="checkbox"/> (D) L.P. Gas Meters | <input type="checkbox"/> (H) Retail Motor Fuel Dispensers | <input type="checkbox"/> (L) Multiple Dimension Measuring Device |

Please submit with this application form:

- 1) Appropriate report form(s) for the device category(s) for which you are applying (Service Agency)
- 2) Proof of completion of NCWM Training Course for any category - including NIST Handbook 44 (Serviceperson)
- 3) Certificate(s) showing all of your agency's standards and test equipment certified by Michigan's Metrology Laboratory or equivalent laboratory (Service Agency)

The **biennial fee must be submitted with this application.** You will be notified by mail of the date, time, and location of the qualifying examination(s).

X _____ X _____
Signature (REQUIRED TO PROCESS) Date

Make remittance payable to the **STATE OF MICHIGAN** and mail to:

Michigan Department of Agriculture
Laboratory Division – Weights and Measures
P.O. Box 30017
Lansing, Michigan 48909

FOR OFFICE USE ONLY		
<input type="checkbox"/> Acceptable Report Forms	Registration: <input type="checkbox"/> Approved	<input type="checkbox"/> Examination Completed
<input type="checkbox"/> Certified Standards	<input type="checkbox"/> Denied	Signature _____ Date _____